



Wodonga Regional Health Service Integrated Health Promotion Plan 2006-2009

Operational Plan 2007-2008 (incorporating the Evaluation Plan)

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Executive Summary

The Wodonga Regional Health Service presents its 2007-2008 Integrated Health Promotion Operational Plan.

This Operational Plan is to be used in conjunction with the 2006-2009 Integrated Health Promotion Strategic Plan. As presented in the Strategic Plan, the Wodonga Regional Health Service identifies two health promotion priority areas for the three year period October 2006 to September 2009 as Organisational Capacity Building for Health Promotion, and Food Security and Nutrition. This Operational Plan is an outline of what the Wodonga Regional Health Service intends to achieve in relation to these two priority areas in the 12 month period from October 2007 to September 2008.

The strategies and objectives of this Operational Plan have been informed by extensive consultation, a review of the agency's capacity and resources, and also from the outcomes of the previous Operational Plan (refer to the 2006-2007 Integrated Health Promotion Report). To ensure all strategies and objectives of this Operational Plan can be measured appropriately, an Evaluation and Dissemination Plan is also presented.

Included as part of this Operational Plan is an outline of activities that may be undertaken as part of the Flexible Component. This Component will comprise 15% of agency's health promotion workload. It will allow the Health Service to do health promotion work in response to new and emerging issues, and also to continue professional development and support.

1. Flexible Component

Over the next 12 months a number of activities may be undertaken that do not fit under the strategies of either priority area. These are permitted for as part of the Flexible Component. These activities may include;

- Implementation of Start Right Eat Right Childcare Centre Nutrition program
- Membership of Childcare Caterers Network;
- Provision of nutrition knowledge and resources to external agencies with priority given to young people and disadvantaged groups;
- Provision of health promotion knowledge and resources to external agencies;
- Organisational administration and commitments (i.e. supervisor meetings);
- Administration for the Department of Human Services;
- Membership of, and administration for Upper Hume Primary Care Partnership Integrated Health Promotion Steering Committee;
- Membership of the Mungabareena Health Portfolio;
- Membership of North East Dietitian's Regional Network;
- Membership of the Occupational Health and Safety Committee;
- Mentoring, external supervision and networking;
- Consultation or liaison with external stakeholders;
- Attendance at professional development workshops and conferences;
- Student supervision; and
- Responses to new or emerging needs.

2. Priority One: Organisational Capacity Building for Health Promotion

2.1 Problem Definition

Goal: To create a health promotion culture within Wodonga Regional Health Service that supports the concepts of disease prevention rather than purely focusing on curative and diagnostic services.

Target Group: Employees and management of Wodonga Regional Health Service.

Objective 1: To further strengthen organisational support for health promotion at Wodonga Regional Health Service by September 2008.

- Strategy 1: Continue to coordinate the Health Promoting Health Service Advisory Committee.
- Strategy 2: Incorporate health promotion principles into divisional and organisational plans developed in 2008.
- Strategy 3: Identify employees of Wodonga Regional Health Service who have skills and/or an interest in health promotion (i.e. health promotion champions).
- Strategy 4: Advocate Wodonga Regional Health Service management for increased health promotion funding and resources.

Objective 2: To increase organisational and community awareness of health promotion at Wodonga Regional Health Service by 20% by September 2008.

- Strategy 1: Implement three workplace health promotion initiatives that are promoted as activities of the Health Promoting Health Service Advisory Committee.
- Strategy 2: Develop a communication strategy in partnership with the Community Health Team to promote health promotion activities to staff and the community.
- Strategy 3: Promote health promotion activities to staff using five different methods, as informed by a communication strategy (see Objective 2, Strategy 2)
- Strategy 4: Promote health promotion activities to the community using 3 different methods, as informed by a communication strategy (Objective 2, see Strategy 2).
- Strategy 5: Report on one health promotion activity using the QIPPS program to trial the effectiveness of the program as an information-sharing tool.

Objective 3: For 10% of Wodonga Regional Health Service employees to have an understanding of best practice health promotion by September 2008.

- Strategy 1: Plan, implement and evaluate one mid-stream health promotion activity in partnership with the Community Health Team.
- Strategy 2: Plan, implement and evaluate one upstream health promotion activity in partnership with one allied health department.
- Strategy 3: Plan, implement and evaluate one mid-stream health promotion activity in partnership with the Obstetrics department.
- Strategy 4: Establish a working party of Wodonga Regional Health Service employees to work in partnership on implementing initiatives for one workplace health promotion priority area.
- Strategy 5: Deliver an in-service to health promotion champions (see Objective 1, Strategy 3) on best practice health promotion, as per the requirements of the Department of Human Services Regional Health Promotion Workforce Strategy.

Objective 4: To maintain the Memorandum of Understanding between Wodonga Regional Health Service and Mungabareena Aboriginal Corporation by working in partnership with Aboriginal Health Workers on improving health outcomes for Aboriginal people.

- Strategy 1: Continue attendance at the Mungabareena Health Portfolio.
- Strategy 2: Establish working parties with Aboriginal Health Workers and stakeholders to address two Aboriginal health issues [*identified as being healthy lunchboxes and antenatal nutrition*].
- Strategy 3: Plan, implement and evaluate one health promotion activity for each of the two identified Aboriginal health issues, as directed by the working parties (See Objective 4, Strategy 2).

2.2 Solution Generation

The strategies identified for the priority of Organisational Capacity Building have been selected using a number of methods.

As the priority of Organisational Capacity Building has been carried from the previous annum, recommendations made in the 2006-2007 Integrated Health Promotion Report have been incorporated. Strategies used under this priority in 2006-2007 were evaluated allowing effective and ineffective strategies to be identified and recommendations to be made for their incorporation into the present Plan.

To ensure that strategies chosen are achievable and integrated, stakeholders have been involved in the planning phase. The Health Promoting Health Service Advisory Committee provided direct input into what strategies they thought were appropriate for the following 12 month period under the priority of Organisational Capacity Building. Due to its membership, input from this Committee was valuable to ensure any strategies identified were supported and realistic for management. A focus group was also held with staff and management from the Obstetrics Department (n=16). This Department demonstrated itself as an effective partner for the delivery of health promotion initiatives in 2006-2007 and the focus group identified many opportunities for collaboration in 2007-2008. Feedback obtained from the Obstetrics Department was valued highly and used to shape a number of strategies. A meeting was also held with Aboriginal Health Workers from Mungabareena Aboriginal Corporation and those who work within Wodonga Regional Health Service to identify opportunities for partnership in 2008. Opportunities for partnership were identified and plans made for addressing two areas of nutrition for Aboriginal people. The health promotion department gives priority to addressing Aboriginal health issues so as to maintain collaboration between the Services and to ensure equity in health promotion practice.

To maintain that our activities are reflective of best practice, strategies have also been informed by literature on change management and capacity building. As the goal for the priority of Organisational Capacity Building aligns with a move to becoming a Health Promoting Health Service, relevant assessment tools and case studies on Health Promoting Hospitals and Health Promoting Health Services have also been referred to. Extensive discussion has also been had with other regional health promotion professionals conducting activities under the same priority area.

The final step in determining appropriate strategies and objectives was to determine the capacity of the organisation to undertake such strategies. This has been important to ensure strategies are realistic for the organisation, and achievable within the given time frame.

2.3 Capacity Building

The priority of Organisational Capacity Building has been elected in response to Wodonga Regional Health Service's identified limitation in undertaking health promotion on an organisation-wide level. The strategies identified for this priority area not only take this into consideration but aim to address this directly. The strategies acknowledge that organisational change is required, commencing with an increase in awareness and understanding of health promotion within the organisation, and also an increased support for health promotion at the agency-wide level.

As the organisation's capacity to do integrated health promotion has been identified as limited, it is important that those doing health promotion, including the Health Promotion Officer and Community Dietitian, are well supported in their role. This will ensure that the strategies for Organisational Capacity Building are more achievable.

For best practice health promotion to occur at Wodonga Regional Health Service, it is also important that those doing health promotion are kept informed of advances in the field such as through case studies and literature reviews. Opportunities for collaboration with other health promotion professionals will also aid in this.

Capacity building strategies that are required to better enable the strategies to be achieved thus may include:

- Regular meetings held between Health Promotion Officer and Director of Allied Health;
- Attendance by Health Promotion Officer in broader organisational activities and meetings (i.e. Allied Health Team meetings);
- Mapping of health promotion initiatives at Wodonga Regional Health Service and establishment of links between Health Promotion Officer, Community Dietitian and other employees working on health promotion initiatives (i.e. Alcohol Screening Project Officer);
- Participation in mentoring program/s;
- Attendance at professional development conferences and seminars;
- Continued membership of professional associations and networks;
- Regular attendance at regional meetings to ensure collaboration with external health promotion professionals; and
- Purchase of relevant resources (i.e. text books)

2.4 Evaluation and Dissemination Planning

HP Priority Goal	To create a health promotion culture within Wodonga Regional Health Service that supports the concepts of disease prevention rather than purely focusing on curative and diagnostic services.			
Population target group/s	Employees, management of Wodonga Regional Health Service			
Objective 1:	What are the key questions?	How will this information be collected?	By when?	Budget
<p>Objective</p> <p>To further strengthen organisational support for health promotion at Wodonga Regional Health Service by September 2008.</p> <p>Impact</p> <p>100% of Health Promoting Health Service Advisory Committee members are supportive of a reorientation to becoming a Health Promoting Health Service</p> <p>Health Promotion is integrated into Wodonga Regional Health Service Business and Divisional Plans developed in 2008.</p> <p>Wodonga Regional Health Service has increased personnel or resources allocated to health promotion.</p>	<p>Process evaluation</p> <p>Has the Health Promoting Health Service Advisory Committee continued in line with their Terms of Reference?</p> <p>Has health promotion been incorporated into divisional and/or organisational plans?</p> <p>Have health promotion champions been identified?</p> <p>Impact evaluation</p> <p>Is health promotion integrated into the Wodonga Regional Health Service plans?</p> <p>Are members of the Health Promoting Health Service Advisory Committee members supportive of a reorientation to becoming a Health Promoting Health Service?</p> <p>Has the organisational changed the allocation of personnel or resources given to health promotion?</p>	<p>Minutes from Health Promoting Health Service Advisory Committee meetings</p> <p>Copies of divisional and organisational plans</p> <p>Promotion material for recruiting champions</p> <p>Documented liaison with champions</p> <p>Copies of divisional and organisational plans</p> <p>Survey of Health Promoting Health Service Advisory Committee members</p> <p>Document liaison with staff and management</p> <p>Documentation of resource allocations</p>	September 2008	Staff hours
Objective 2:	What are the key questions?	How will this information be collected?	By when?	Budget
<p>Objective</p> <p>To increase organisational and community</p>	<p>Process evaluation</p> <p>Were health promotion initiatives promoted as activities of the Health Promoting</p>	<p>Minutes of the Health Promoting Health Service Advisory Committee meetings</p>	September 2008	Staff hours QIPPS

<p>awareness of health promotion at Wodonga Regional Health Service by 20% by September 2008.</p> <p>Impact</p> <p>90% of Wodonga Regional Health Service employees are aware of health promotion at Wodonga Regional Health Service (an increase of 20% from September 2007).</p> <p>There is an observed increase in the number of community members or agencies in the City of Wodonga making contact with the Wodonga Regional Health Service in relation to health promotion.</p>	<p>Health Service Advisory Committee?</p> <p>Was a communication strategy developed?</p> <p>How many methods were used to promote health promotion activities to staff?</p> <p>How many methods were used to promote health promotion activities to the community?</p> <p>Was QIPPS used?</p> <p>Impact evaluation</p> <p>How many Wodonga Regional Health Service employees are aware of health promotion in their workplace?</p> <p>Have City of Wodonga community members or organisations contacted Wodonga Regional Health Service in relation to health promotion? Are these new contacts?</p>	<p>Minutes of the Community Health Team meetings</p> <p>Copies of media (i.e. articles)</p> <p>Copies of promotion (i.e. photos)</p> <p>QIPPS program</p> <p>Staff survey</p> <p>Documented staff liaison</p> <p>Documented community liaison (i.e. phone and email communication)</p> <p>2006-2007 Integrated Health Promotion Evaluation Report</p>		<p>Registration (incurred by Upper Hume Primary Care Partnership)</p>
<p>Objective 3:</p>	<p>What are the key questions?</p>	<p>How will this information be collected?</p>	<p>By when?</p>	<p>Budget</p>
<p>Objective</p> <p>For 10% of Wodonga Regional Health Service employees to have an understanding of best practice health promotion by September 2008.</p> <p>Impact</p> <p>10% (~n=75) of Wodonga Regional Health Service employees have a practical understanding of the mix of interventions framework and the social determinants of health philosophy.</p> <p>10% (~n=75) of Wodonga Regional Health Service employees are capable of doing health promotion in relation to their role.</p>	<p>Process evaluation</p> <p>What health promotion activities been conducted?</p> <p>Were health promotion activities best practice?</p> <p>Were activities conducted in partnership?</p> <p>Was a working party established to address a staff health and wellbeing priority area?</p> <p>Was an in-service delivered to health promotion champions?</p> <p>Impact evaluation</p> <p>How many Wodonga Regional Health Service employees understand the mix of interventions framework?</p> <p>How many Wodonga Regional Health Service employees understand the determinants of health philosophy?</p> <p>How many Wodonga Regional health Service employees can do health promotion in relation to their role?</p>	<p>Minutes of the Community Health Team meetings</p> <p>Minutes from meetings with partners (i.e. Obstetrics, allied health department)</p> <p>Working party documents (i.e. Terms of Reference, membership list, minutes)</p> <p>In-service presentation</p> <p>In-service evaluation</p> <p>Program evaluations</p> <p>Staff survey</p> <p>Observation of staff practice</p>	<p>September 2008</p>	<p>Staff hours</p> <p>Cert IV TAA Registration</p>

Objective 4:	What are the key questions?	How will this information be collected?	By when?	Budget
<p>Objective</p> <p>To maintain the Memorandum of Understanding between Wodonga Regional Health Service and Mungabareena Aboriginal Corporation by working in partnership with Aboriginal Health Workers on improving health outcomes for Aboriginal people.</p> <p>Impact</p> <p>Two working parties have been established to address two separate health concerns for Aboriginal people.</p> <p>Each working party has representation from Wodonga Regional Health Service Health Promotion Department, Mungabareena Health Workers and Wodonga Regional Health Service Aboriginal Workers.</p> <p>Each working party implemented one health promotion activity with the Aboriginal community.</p>	<p>Process evaluation</p> <p>How many Mungabareena Health Portfolio meetings did the Health Promotion Officer and/or Community Dietitian attend?</p> <p>Were working parties established to address Aboriginal health issues?</p> <p>Did each relevant party attend these working parties?</p> <p>Were health promotion activities conducted?</p> <p>Impact evaluation</p> <p>Did partnership occur on health promotion activities?</p> <p>Did these activities address Aboriginal health issues?</p> <p>Has partnership with Aboriginal health workers been strengthened or maintained?</p>	<p>Minutes of the Health Portfolio meetings</p> <p>Working party documents (i.e. Terms of Reference, membership list, minutes)</p> <p>Program evaluations</p> <p>Documented liaison with Aboriginal Health Workers</p> <p>Focus group with Aboriginal Health Workers</p> <p>Evaluation of health promotion activities</p>	September 2008	Staff hours
<p>Overall aspects of the project</p>	<p>What are the key questions?</p>	<p>How will this information be collected?</p>	<p>By when?</p>	<p>Budget</p>
<p>Working relationships</p>	<p>Were partners involved sufficiently and effectively?</p> <p>Was there appropriate communication between partners?</p>	<p>Minutes from meetings</p> <p>Documented email and verbal communication</p> <p>Record of partner involvement in the project</p>	September 2008	Staff hours
<p>Partnerships and Networks</p>	<p>Have levels of partnership or collaboration been strengthened by the strategies?</p> <p>What have been the barriers to working in partnership?</p>	<p>Minutes from meetings</p> <p>Documented email and verbal</p>	September 2008	Staff hours

	<p>What lessons have been learnt from working in partnership?</p> <p>Have new partnerships been established?</p> <p>Have other potential partners been identified?</p>	<p>communication</p> <p>Observation</p> <p>Liaison with un-identified partners</p> <p>Record of partner involvement in the project</p>		
Critical factors in undertaking the project	<p>What are the future recommendations for;</p> <ul style="list-style-type: none"> ▪ conducting the strategies? ▪ achieving the objectives? ▪ working with the partners? ▪ reaching the target audience? ▪ measuring the impacts? 	<p>Process evaluation of strategies</p> <p>Impact evaluation of objectives</p> <p>Focus group with partner</p> <p>Record of partner involvement in the project</p> <p>Survey of target group</p>	September 2008	Staff hours
Preparation of evaluation report	Health Promotion Officer is responsible for collating evaluation findings and developing evaluation report.			
Dissemination	This report will be distributed to all stakeholders and the Department of Human Services regional office.			

Priority Two: Food Security and Nutrition

2.1 Problem Definition

Goal: To create a culture within Wodonga Regional Health Service that encourages the consumption of healthy foods and seeks to address nutrition related issues including food security issues among staff, patients and community members.

Target Group: Management, staff, clients and visitors of Wodonga Regional Health Service.

Objective 1: To increase the number of staff and visitors of WRHS who can identify healthy options in the staff canteen by 50% by September 2008.

- Strategy 1: To utilise the HPHS Advisory Committee as a forum to explore healthy eating policies for WRHS.
- Strategy 2: To have regular, bi-monthly meetings with food services staff to increase communication between food services, nutrition and health promotion departments.
- Strategy 3: In partnership with Food Services staff, implement three health promotion activities to assist in identifying and promoting healthy food options in the canteen

Objective 2: To increase awareness of food security issues amongst identified "champions" within WRHS by 75% by September 2008.

- Strategy 1: Have food security as an agenda item for the Health Promoting Health Service Advisory Committee.
- Strategy 2: Identify ten staff from a minimum of four Wodonga Regional Health Service departments who have an interest in food security (food security champions).
- Strategy 3: Conduct professional development with identified food security champions (see Objective 2, Strategy 2) to increase their knowledge and skills in food security.
- Strategy 4: In partnership with food security champions (see Objective 2, Strategy 2), implement two strategies to disseminate information regarding food security to staff, patients and visitors of Wodonga Regional Health Service.

2.2 Solution Generation

Food Security and Nutrition is one of four priority areas for the Upper Hume Primary Care Partnership (UHPCP) Integrated Health Promotion Steering Committee. The other priority areas are:

- Physical activity – Built environment
- Mental Health & Social Connectedness
- Capacity Building for Health Promotion

These priority areas were selected with the assistance of an external consultative process following an extensive review of:

- Available evidence: i.e. Burden of Disease data, Published interventions
- Relevant local plans: i.e. City of Wodonga Strategic Plan
- Strategic priorities: National, State and Regional health priorities

Food Security and Nutrition was primarily identified as a priority by Wodonga Regional Health Service as it has the workforce capacity to undertake health promotion interventions relating this priority (as opposed to other priorities of the UHPCP). The Dietetics Department has the expert knowledge and skills in food and nutrition which are complemented by the Health Promotion Department and their expertise in health promotion. Both of these departments having time allocated to doing health promotion. The Health Service also has a number of strong partnerships in the area of nutrition and food security with the community and other UHPCP organisations. This includes membership of the Albury/Wodonga Food Security Network for whom the Health Service has a high level of involvement.

The following information and methods were used to select strategies to address Food Security and Nutrition at Wodonga Regional Health Service for 2007-2008.

- Recommendations on Food Security and Nutrition interventions made in the 2006-2007 Integrated Health Promotion Report were examined and incorporated into the present plan.
- Consultation with key stakeholders in food security and nutrition within the UHPCP to identify what they felt was a priority to achieve across the region. Efforts have been made to ensure that goals and objectives are realistic and achievable. The objectives have been structured to meet organisational needs as well as the broader goals of the UHPCP, and have been formulated so that they can be built on in the future.
- Consultations with stakeholders within Wodonga Regional Health Service. This process has been important to ensure strategies chosen are realistic, achievable and integrated. The consultations have formed a platform from which to work in achieving goals in collaboration with other departments.
- Consultation with the Health Promoting Health Service Advisory Committee. This Committee provides a forum for discussion and dissemination of health promotion issues and initiatives across the Health Service. The Committee has management representation from departments across the Health Service which allows for input from a broad cross-section of departments, and ensures that opportunities for collaboration can be explored. Committee members have a high degree of knowledge of issues within their department and are well placed to gather and disseminate information to their staff. This Committee will be used to progress food security and nutrition objectives in 2007-2008.

2.3 Capacity Building

In order to implement the Nutrition and Food Security objectives outlined in this Plan the following capacity building strategies are required:

- Attendance by the Dietitian and Health Promotion Officer at the Health Promoting Health Services Committee Meetings;
- Work time to meet with and follow up activities from consultations with key stakeholders (food services and food security champions);
- Resources to plan and implement professional development and health promotion activities with key stakeholders;
- Attendance at relevant professional development conferences and seminars;
- Continued membership of professional associations and networks, including the Albury Wodonga Regional Food Security Network and participation in the Public Health and Community Nutrition Special Interest Group;
- Regular attendance at regional meetings to ensure collaboration with external health promotion professionals; and
- Purchase of relevant resources (i.e. text books, resources)

An increase in Health Service staff who understand Food Security and Nutrition is also required to aid the Dietetics and Health Promotion Departments in addressing this priority area. Staff capacity building has thus been identified as a strategy for this priority. For this strategy to be achieved management will need to support their staff to participate in capacity building activities (i.e. attendance at in-services).

2.4 Evaluation and Dissemination Planning

HP Priority Goal	To create a culture within Wodonga Regional Health Service that encourages the consumption of healthy foods and seeks to address nutrition related issues including food security issues among staff, patients and community members.			
Population target group/s	Target Group: Management, staff, clients and visitors of Wodonga Regional Health Service.			
Objective 1:	What are the key questions?	How will this information be collected?	By when?	Budget
<p>Objective</p> <p>To increase the number of staff and visitors of WRHS who can identify healthy options in the staff canteen by 50% by September 2008.</p> <p>Impact</p> <p>80% of meal and drink options provided in the Wodonga Regional Health Service canteen are healthy, as per the Australian Guide to Healthy Eating (AGHE).</p> <p>100% of healthy options in the Wodonga Regional Health Service canteen are located in a prominent position and/or are promoted using signage or indicators.</p> <p>Food Services staff identify an observed increase in the demand for healthy options in the Wodonga Regional Health Service canteen.</p> <p>80% of staff <i>always</i> feel confident identifying healthy options at the Wodonga Regional Health Service canteen (a 4-fold increase from 20% in 2007)</p>	<p>Process evaluation</p> <p>Were healthy eating policies for Wodonga Regional Health Service an agenda item at the Health Promoting Health Service Advisory Committee meeting and discussions noted in the minutes?</p> <p>Were regular, bi-monthly meetings held between Food Services, Dietetics and Health Promotion departments and minutes of these meetings kept as a record?</p> <p>Were three health promotion activities conducted in partnership with the Food Services department?</p> <p>Did these activities intend to assist in the promotion and identification of healthy food options in the canteen?</p> <p>Impact evaluation</p> <p>What proportion of meal and drink options in the canteen are considered healthy, as per the AGHE?</p> <p>What proportion of healthy options in the canteen are being promoted, or are located in a prominent position?</p> <p>Do food services staff believe there has been an increase in demand for healthy food? What evidence do they have to support this?</p> <p>How many Wodonga Regional Health Service employees always feel confident in identifying healthy options in the canteen?</p>	<p>Agenda and minutes of Health Promoting Health Service Advisory Committee</p> <p>Agenda and minutes of meetings between Food Service, Dietetics and Health Promotion departments</p> <p>Copies of promotion (i.e. display photos, intranet articles).</p> <p>Survey of staff/cafeteria clientele</p> <p>Survey and/or focus groups with Food Services staff</p> <p>Staff Health and Wellbeing Survey Report 2007</p> <p>Menu and recipe analysis by Dietitian/s against AGHE</p> <p>Pre and post survey checklist of product promotion and position</p>	September 2008	Staff hours

Objective 2:	What are the key questions?	How will this information be collected?	By when?	Budget
<p>Objective</p> <p>To increase awareness of food security issues amongst identified "champions" within Wodonga Regional Health Service by 75% by September 2008.</p> <p>Impact</p> <p>100% of food security champions have 75% increase in knowledge about food security.</p> <p>100% of food security champions feel confident in educating other staff about food security within their workplace.</p> <p>100% of food security champions feel confident in addressing food security within their workplace.</p>	<p>Process evaluation</p> <p>Was food security an agenda item at the Health Promoting Health Service Advisory Committee meeting and discussions noted in the minutes?</p> <p>Were ten staff from four Wodonga Regional Health Service departments identified as food security champions?</p> <p>Was professional development provided to food security champions? Did this professional development increase their knowledge and/or skills in food security?</p> <p>Were two strategies used to disseminate food security information to Wodonga Regional Health Service staff, patients and visitors?</p> <p>What level of involvement did the food security champions have in these strategies?</p> <p>Impact evaluation</p> <p>What percentage of food security champions had an increase in knowledge of food security? What was the percentage increase in knowledge from prior to professional development?</p> <p>What percentage of food security champions feel confident in educating other staff about food security within their workplace? Have any champions done anything that demonstrates this?</p> <p>What percentage of food security champions feel confident in addressing food security within their workplace? Have any champions done anything that demonstrates this?</p>	<p>Agenda and minutes of Health Promoting Health Service Advisory Committee</p> <p>Copies of liaison with departments regarding food security champions</p> <p>Evidence of liaison/professional development activities with food security champions</p> <p>Minutes from meetings with food security champions</p> <p>Evidence of strategies (i.e. photos, documents)</p> <p>Process evaluation of strategies</p> <p>Pre/post survey of champions</p> <p>Documented staff liaison</p>	<p>September 2008</p>	<p>Staff hours</p>

Overall aspects of the project	What are the key questions?	How will this information be collected?	By when?	Budget
Working relationships	<p>Were partners involved sufficiently and effectively?</p> <p>Was there appropriate communication between partners?</p>	<p>Minutes from meetings</p> <p>Documented email and verbal communication</p> <p>Record of partner involvement in the project</p>	September 2008	Staff hours
Partnerships and Networks	<p>Have levels of partnership or collaboration been strengthened by the strategies?</p> <p>What have been the barriers to working in partnership?</p> <p>What lessons have been learnt from working in partnership?</p> <p>Have new partnerships been established?</p> <p>Have other potential partners been identified?</p>	<p>Minutes from meetings</p> <p>Documented email and verbal communication</p> <p>Observation</p> <p>Liaison with un-identified partners</p> <p>Record of partner involvement in the project</p>	September 2008	Staff hours
Critical factors in undertaking the project	<p>What are the future recommendations for;</p> <ul style="list-style-type: none"> ▪ conducting the strategies? ▪ achieving the objectives? ▪ working with the partners? ▪ reaching the target audience? ▪ measuring the impacts? 	<p>Process evaluation of strategies</p> <p>Impact evaluation of objectives</p> <p>Focus group with partner</p> <p>Record of partner involvement in the project</p> <p>Survey of target group</p>	September 2008	Staff hours
Preparation of evaluation report	Community Dietitian is responsible for collating evaluation findings and developing evaluation report.			
Dissemination	This report will be distributed to all stakeholders and the Department of Human Services regional office.			